**Safety Self Assessment Tool**

To use the self assessment tool, begin by answering each question. Check the answer that best fits your company.

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|  | Questions | Yes | No |
| 1 | Do your employees feel comfortable discussing safety issues? |  |  |
| 2 | Does your company hold regular safety meetings? |  |  |
| 3 | Do your workers have a way to inform management of safety concerns? |  |  |
| 4 | Has there been more than one injury in the past three months? |  |  |
| 5 | Do employees receive initial safety training? |  |  |
| 6 | Does the company have access to records indicating that this training has occurred and who attended it? |  |  |
| 7 | Does the company perform regular inspections of equipment? |  |  |
| 8 | Are these inspections documented? |  |  |
| 9 | Are workers able to install adequate safety systems and equipment when necessary? |  |  |
| 10 | If there is a change in scope of work does a pre-job safety brief occurred? |  |  |
| 11 | While working in a dynamic worksite are regular "tool box talks" held? |  |  |
| 12 | Have hazard assessments been conducted to determine the appropriate PPE to be used? |  |  |
| 13 | Do workers have access to necessary PPE for the work being performed? |  |  |
| 14 | Is any equipment present that is damaged or unserviceable? |  |  |
| 15 | Do employees operate company vehicles?(If yes, answer questions 16 & 17) |  |  |
| 16 | Have any vehicle accidents occurred within the past year? |  |  |
| 17 | Does your insurance company have a copy of your company safety and fleet management programs? |  |  |

If you answered “No” more than 5 times it is strongly recommended that you make immediate changes to your Safety Culture.